

**Statement of Organization  
Recipient Committee**

**Statement Type**

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination - See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met ____/____/____	Date of termination 12 / 31 / 2023

11/31/24 (3) 6124

Date Stamp  
RECEIVED BY  
S. ANGELES COUNTY  
024 FEB -2 PM 12:07  
CAMPAIGN FINANCE

**CALIFORNIA FORM 410**

For Official Use Only  
019616  
C16383

1. Committee Information				I.D. Number <small>(if applicable)</small>				2. Treasurer and Other Principal Officers									
NAME OF COMMITTEE <b>James Osterling for Pasadena Cummunity College Board 2020</b>								NAME OF TREASURER <b>James A. Osterling</b>									
STREET ADDRESS (NO P.O. BOX)								STREET ADDRESS (NO P.O. BOX)		CITY		STATE		ZIP CODE			
								Altadena		CA		91001					
STREET ADDRESS (NO P.O. BOX)								EMAIL ADDRESS OF TREASURER (REQUIRED)				AREA CODE/PHONE					
								jimo@bridgeadvisorsllc.com				626.818.0850					
CITY								STATE		ZIP CODE		NAME OF ASSISTANT TREASURER, IF ANY					
Altadena								CA		91001							
FULL MAILING ADDRESS (IF DIFFERENT)								STREET ADDRESS (NO P.O. BOX)				CITY		STATE		ZIP CODE	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)								EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)				AREA CODE/PHONE					
jimo@bridgeadvisorsllc.com																	
COUNTY OF DOMICILE				JURISDICTION WHERE COMMITTEE IS ACTIVE				NAME OF PRINCIPAL OFFICER(S)									
Los Angeles				Pasadena Area Community College District													
STREET ADDRESS (NO P.O. BOX)								CITY		STATE		ZIP CODE					
EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)								AREA CODE/PHONE									
<i>Attach additional information on appropriately labeled continuation sheets.</i>																	

**3. Verification**

I have used all reasonable diligence in preparing the information contained herein is true and complete. I certify under penalty of perjury under the laws of the state of California that the information contained herein is true and complete. I certify under penalty of perjury under the laws of the state of California that the information contained herein is true and complete. I certify under penalty of perjury under the laws of the state of California that the information contained herein is true and complete.

Executed on 1/31/2024 DATE B \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on /31/2024 DATE B \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ DATE B, \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ DATE By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

\_\_\_\_\_  
TREASURER OR ASSISTANT TREASURER

\_\_\_\_\_  
TREASURER, CANDIDATE, OR STATE MEASURE PROPONENT

**Recipient Committee  
Campaign Statement  
Cover Page**

1/31/24 (3) 5124  
Date Stamp

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2024 FEB -2 PM 12:3  
CAMPAIGN FINANCE

COVER PAGE  
**CALIFORNIA FORM 460**

Page 1 of 6

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019616  
C10383

**Statement covers period**  
from 7-1-2023  
  
through 12-31-2023

**Date of election if applicable:**  
(Month, Day, Year)  
03-03-2020

SEE INSTRUCTIONS ON REVERSE

- 1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.
- Officeholder, Candidate Controlled Committee
    - State Candidate Election Committee
    - Recall  
*(Also Complete Part 5)*
  - General Purpose Committee
    - Sponsored
    - Small Contributor Committee
    - Political Party/Central Committee
  - Primarily Formed Ballot Measure Committee
    - Controlled
    - Sponsored  
*(Also Complete Part 6)*
  - Primarily Formed Candidate/Officeholder Committee  
*(Also Complete Part 7)*

- 2. Type of Statement:**
- Preelection Statement
  - Semi-annual Statement
  - Termination Statement  
*(Also file a Form 410 Termination)*
  - Amendment (Explain below)
  - Quarterly Statement
  - Special Odd-Year Report

**3. Committee Information** I.D. NUMBER 1377513

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
James Osterling for Pasadena Community College Board 2020

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Altadena</u>	<u>CA</u>	<u>91001</u>	<u>626-818-0850</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Altadena</u>	<u>CA</u>	<u>91001</u>	<u>626-818-0850</u>

OPTIONAL: FAX / E-MAIL ADDRESS  
jimo@bridgeadvisorsllc.com

**Treasurer(s)**

NAME OF TREASURER  
James A Osterling

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Altadena</u>	<u>CA</u>	<u>91001</u>	<u>626-818-0850</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and certify under penalty of perjury under the laws of the State of California that the information in and in the attached schedules is true and complete. I

Executed on 12-31-2024 Date \_\_\_\_\_  
 Executed on 12-31-2024 Date \_\_\_\_\_  
 Executed on \_\_\_\_\_ Date \_\_\_\_\_  
 Executed on \_\_\_\_\_ Date \_\_\_\_\_

By \_\_\_\_\_  
 Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
 Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
James A Osterling

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Seat #2 Pasadena Area Community Collge District Board of Trustees

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
Altadena CA 91001

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>7-1-2023</u> through <u>12-31-2023</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>6</u>	I.D. NUMBER 1377513

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

James Osterling for Pasadena Community College Board 2020

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... <i>Schedule A, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
2. Loans Received..... <i>Schedule B, Line 3</i>	<u>-33,300.00</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ <u>0</u>	\$ <u>0</u>
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ <u>0</u>	\$ <u>0</u>

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... <i>Schedule E, Line 4</i>	\$ <u>1938.35</u>	\$ <u>1988.35</u>
7. Loans Made..... <i>Schedule H, Line 3</i>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ <u>1938.35</u>	\$ <u>1988.35</u>
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>1938.35</u>	\$ <u>1938.35</u>

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i>	\$ <u>1938.35</u>
13. Cash Receipts..... <i>Column A, Line 3 above</i>	<u>0</u>
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	<u>0</u>
15. Cash Payments..... <i>Column A, Line 8 above</i>	<u>1938.35</u>
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>0</u>

*If this is a termination statement, Line 16 must be zero.*

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED..... *Schedule B, Part 2* \$ 0

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents..... <i>See instructions on reverse</i>	\$ <u>0</u>
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>0</u>

**Schedule B – Part 1  
Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period from <u>7-1-2023</u> through <u>12-31-2023</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>6</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER James Osterling for Pasadena Community College Board 2020	I.D. NUMBER 1377513
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FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
James A Osterling Altadena CA 91001 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Executive Bridge Financial Advisors LLC	\$ 5,000	\$ 0	<input type="checkbox"/> PAID \$ 0 <input checked="" type="checkbox"/> FORGIVEN \$ 5,000	\$ 0 DATE DUE	_____% RATE \$ 0	\$ 5,000 05-15-15 DATE INCURRED	\$ 0 CALENDAR YEAR PER ELECTION** \$ 0
James A Osterling Altadena CA 91001 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Executive Bridge Financial Advisors LLC	\$ 10,000	\$ 0	<input type="checkbox"/> PAID \$ 0 <input checked="" type="checkbox"/> FORGIVEN \$ 10,000	\$ 0 DATE DUE	_____% RATE \$ 0	\$ 10,000 09-15-15 DATE INCURRED	\$ 0 CALENDAR YEAR PER ELECTION** \$ 0
James A Osterling Altadena CA 91001 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Executive Bridge Financial Advisors LLC	\$ 1,300	\$ 0	<input type="checkbox"/> PAID \$ 0 <input checked="" type="checkbox"/> FORGIVEN \$ 1,300	\$ 0 DATE DUE	_____% RATE \$ 0	\$ 1,300 10/28/15 DATE INCURRED	\$ 0 CALENDAR YEAR PER ELECTION** \$ 0
<b>SUBTOTALS</b>		\$ 0	\$ 0	\$ 16,300.00	\$ 0	\$ 0		

(Enter (e) on Schedule E, Line 3)

**Schedule B Summary**

1. Loans received this period.....	\$ 0
(Total Column (b) plus unitemized loans of less than \$100.)	
2. Loans paid or forgiven this period.....	\$ 33,300.00
(Total Column (c) plus loans under \$100 paid or forgiven.)	
(Include loans paid by a third party that are also itemized on Schedule A.)	
3. Net change this period. (Subtract Line 2 from Line 1.).....	NET \$ -33,300.00
Enter the net here and on the Summary Page, Column A, Line 2.	

(May be a negative number)

†Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

**Schedule B – Part 1  
Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period from <u>7-1-2023</u> through <u>12-31-2023</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>6</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <b>James Osterling for Pasadena Community College Board 2020</b>	I.D. NUMBER <b>1377513</b>
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FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
James A Osterling Altadena CA 91001 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Executive Bridge Financial Advisors LLC	\$ 1,000	\$ 0	<input type="checkbox"/> PAID \$ 0 <input checked="" type="checkbox"/> FORGIVEN \$ 1,000	\$ 0 DATE DUE	_____% RATE \$ 0	\$ 1,000 07-20-17 DATE INCURRED	\$ 0 PER ELECTION** \$ 0
James A Osterling Altadena CA 91001 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Executive Bridge Financial Advisors LLC	\$ 1,000	\$ 0	<input type="checkbox"/> PAID \$ 0 <input checked="" type="checkbox"/> FORGIVEN \$ 1,000	\$ 0 DATE DUE	_____% RATE \$ 0	\$ 1,000 12-09-19 DATE INCURRED	\$ 0 PER ELECTION** \$ 0
James A Osterling Altadena CA 91001 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Executive Bridge Financial Advisors LLC	\$ 15,000	\$ 0	<input checked="" type="checkbox"/> PAID \$ 1837.67- <input checked="" type="checkbox"/> FORGIVEN \$ 13162.33	\$ 0 DATE DUE	_____% RATE \$ 0	\$ 15,000 01-18-20 DATE INCURRED	\$ 0 PER ELECTION** \$ 0
<b>SUBTOTALS</b>		\$ 0	\$ 0	\$ 17,000.00	\$ 0	\$ 0		

(Enter (e) on Schedule E, Line 3)

**Schedule B Summary**

- Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$ 0**  
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from <u>7-1-2023</u> through <u>12-31-2023</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>6</u>
I.D. NUMBER 1377513	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

James Osterling for Pasadena Community College Board 2020

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
James A. Osterling Pasadena, CA 91101		Partial Repayment of Loan - See Schedule B Continuation Page	1837.67

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 1837.67**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ 1837.67
2. Unitemized payments made this period of under \$100.....	\$ 100.58
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	<b>TOTAL \$ 1938.35</b>